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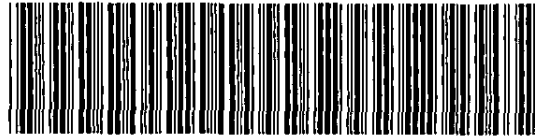
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2013

AMY M. VO, ESQ
ST JOHNS LAW GROUP
509 ANASTASIA BLVD.
ST AUGUSTINE, FL 32080

SUBJECT: MEDIRX OF FLORIDA, LLC
Ref. Number: W13000015889

We have received your document for MEDIRX OF FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 713A00006326

**ARTICLES OF ORGANIZATION
OF
Pharmacovigilance Services, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: Pharmacovigilance Services, LLC.

**ARTICLE II
ADDRESSES**

The initial mailing address and the principal office address of the Company is 1350 San Juan Street, St. Augustine, Florida 32080.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Amy Marie Vo, Esq., St. Johns Law Group, 509 Anastasia Boulevard, St. Augustine, Florida 32080.


**ARTICLE IV
MANAGEMENT**

The Company is to be member managed by Francis J. Samperisi.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 31st day of August 2011. In accordance with Section 608.408(3), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: 
Francis J. Samperisi

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13 MAY 13 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

I, Amy Marie Vo, Esq. of St. Johns Law Group, having been named to accept the service of process for Pharmacovigilance Services, LLC, certify that I am a permanent resident of Duval County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

DATED at St. Johns County, Florida, this 30 day of April, A.D., 2013.

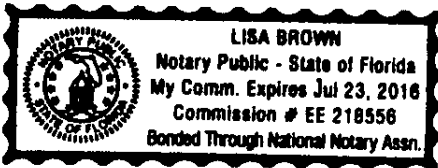
By: _____

Amy Marie Vo, Esq.

STATE OF FLORIDA)
COUNTY OF ST. JOHNS)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Amy Marie Vo, who is personally known to me and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that she executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 30 day of April, A.D., 2013.



Notary Public, State of Florida
Printed Name: Lisa Brown
My Commission expires: July 23, 2016